

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street)

1707 L STREET NW STE 750

☐ check if different than previously reported

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

(b) Communication Title

Choices

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Emily Buchanan

(b) Address (number and street)

1707 L Street NW Ste 750

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List

(e) Occupation

Executive Director

9. Total Donations This Statement

105700.00

10. Total Disbursements/Obligations This Statement

105700.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 10/08/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.000001	
	Emily Buchanan		
	(b) Address (number and street)		
	1707 L Street NW Ste 750		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Susan B. Anthony List	Executive Director	

A. Full Name of Donor

CitizenLink

Mailing Address of Donor
8655 Explorer Drive

City	State	Zip
Colorado Springs	CO	80920

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

Amount

60000.00

Transaction ID : F92.000001

B. Full Name of Donor

Susan B. Anthony List General Treasury

Mailing Address of Donor
1707 L Street NW Ste 750

City	State	Zip
Washington	DC	20036

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	0

Amount

45700.00

Transaction ID : F92.000002

SUBTOTAL of Donations This Page (optional).....

105700.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

105700.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</div> </div>	
Mailing Address of Payee 66 Canal Center Plaza #555				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">105700.00</div>	
City Alexandria	State VA	Zip Code 22314		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) Choices TV Advertising					
Name of Federal Candidate Kathy Dahlkemper	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 03	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">105700.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">105700.00</div>	